K002579

510(k) Summary

1.0 Submitter:

Name

WRP Specialty Products Sdn. Bhd.

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Lot 11, Jalan 2, Kawasan Perusahaan Bandar Baru Salak

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Date of Summary Prepared:

June 16, 2000

2.0 Contact Person:

Name:

Mr. Mohd Haizan Hussein

Phone No.:

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3.0 Name of the device:

Trade Name

: Dermagrip Powder Free Polymer Coated Latex

Examination Glove, Non Sterile (Protein Content

Labeling)

Common Name

: Examination Gloves

Classification Name:

Patient Examination Gloves (per 21 CFR 880.6250)

4.0 Identification of The Legally Marketed Device:

Class I patient examination gloves, 80LYY, powder free, that meets all the requirements of ASTM standard D 3578 – 99 and FDA 21 CFR 800.20.

5.0 Description of The Device:

The Powder Free Polymer Coated Latex Examination Glove, Non Sterile (Protein Content Labeling) meets all the requirements of ASTM standard D 3578 – 99 and FDA 21 CFR 800.20.

6.0 Intended Use of the Device:

The Powder Free Polymer Coated Latex Examination Glove, Non Sterile (Protein Content Labeling) are disposable devices intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

7.0 Summary of the Technological Characteristics of the Device:

The Powder Free Polymer Coated Latex Examination Glove, Non Sterile (Protein Content Labeling) are summarized with the following technological characteristics compared to ASTM or equivalent standards.

Characteristics	Standards	Device Performance
Dimensions	ASTM D 3578 – 99	Meets
Physical Properties	ASTM D 3578 – 99	Meets
Freedom from pinholes	ASTM D 3578 – 99	Meets
	FDA 21 CFR 800.20	
Powder-Free	ASTM D 6124 – 97	< 2 mg/glove
Protein Level	ASTM D 5712 - 95	< 50 μg/g
Biocompatability	Primary Skin Irritation in	Passes
Бюсотришония	Rabbits	(Not a primary skin irritant)
	Dermal Sensitization	Passes
	. —	(Not a contact sensitizer)

8.0 Substantial Equivalent Based on Assessment of Non-Clinical Performance Data

The performance test data of the non-clinical tests that support a determination of substantial equivalence is the same as mentioned immediately above.

9.0 Substantial Equivalent Based on Assessment of Clinical Performance Data

Clinical data is not needed for gloves or for most devices cleared by the 510(k) process.

10.0 Conclusion

It can be concluded that the Dermagrip Powder Free Polymer Coated Latex Examination Glove, Non-Sterile (Protein Content Labeling) will perform according to the glove performance standards referenced in section 7 above and meet ASTM standards, and FDA requirements for water leak test on pinhole AQL. Consequently, this device is substantially equivalent to currently marketed devices.



SEP - 8 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Mohd Haizan Hussein
Manager
WRP Specialty Products SDN. BHD.
Lot 11, JL.2, Kawasan Perusahaan
Bandar Baru Slak Tinggi
Selangor Daurl Ehsan, Sepang
MALAYSIA

Re: K002579

Trade Name: Dermagrip Powdwerfree Polymer Coated Latex Examination Glove With Protein Content Labeling Claim

(50 micrograms or less)

Regulatory Class: I Product Code: LYY Dated: August 18, 2000 Received: August 18, 2000

Dear Mr. Hussein:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address

"http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely Mours,

Timbely A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

INDICATIONS FOR USE

WRP Specialty Products Sdn Bhd

Applicant:

510(k) Number (if kn	own): <u>KOO</u>	2519	_	
Device Name:	DERMAGRIP POV LATEX EXAMINA (PROTEIN CONTE CR LESS PER (TION GLOVI	E NON STERIL	Æ
Indications For Use:				
The Powder Free Pol- Content Labeling) is worn on the examine and examiner.	a disposable device	intended for	medical purpose	es that is
			e e e e e e e e e e e e e e e e e e e	
Concurrence of CDR	H, Office of Device	Evaluation (OI	DE)	
and Ger	on Sign-Off) of Dental, Infection neral Hospital Device Number	Control, es		
Prescription Use(Per 21 CFR 801.109	OR	Over-The-C	Counter X	